

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531604**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		1		
5		1		1		
6		1		1		
7		1		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0	1			
13		0	1			
14				1		
15				1		
16				1		
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49						
50						
TOTAL IND.	1	↓	3	↓		↓
TOTAL DEP.	13	←	14	←		←
TOTAL CLAIMS	14		17			

PTO-875 (REV. 11-90)

6.23.06

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE